B

of certificate.	Length of residence in city or town where dea		St., death occurred in a hospital or institution, give its NAME instead of street ar ds. How long in U. S. if of foreign birth?yrs.		
	(a) Residence: No. Mr. Girn	(Usual place of abode)	St., Ward. If nonresident give city or town a	and State	
	3. SEX 4. COLOR OR RACE While	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH OF 27	, 193 4	
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Conley Jurner Blake 6. DATE OF BIRTH (month, day, and year)		(Month) (Oay) (Year) 22. I HEREBY CERTIFY. That I attended deceased from 1934, to Cof 27, 1934 last saw harman alive on Cof 25, 1944 death is say		
	7. AGE Years & Months 8. Trada, profassion, or particular kind of work done, as SPINNER, AUSTRIA SAWYER, BOOKKEEPER, etc	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
ons on back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spentin this occupation	Other Coutributory Causes of Importance:		
TION is very important. See instructions	12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town)	ind o	Name of operation		
	(State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	" " " " " " " " " " " " " " " " " " "	What test confirmed diagnosis? Was there a 23. If death was due to external causas (VIOLENCE) fill in also the follow Accident, suicide, or homicida? Data of Injury Where did injury occur? (Specify city or town, county and S Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC	ring: , 19	
	18. BURIAL, CREMATION, OR REMOVAL Place Control of the second of the sec	Date Oct: 28", 1934	Manner of injury Nature of injury 24. Was disease or injury in any way related to confution of decaased? If so, specify AMNRON	m	

STATE OF MADVI AND CEPTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

Every frem of information should be carefully supplied ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANEN BINDING FO P UNFADING INK---THIS IS MARGIN RESERVED PLAINLY,

Every frem of i

N. B.-

S. No. 1

PLACE	OF	DEATH

(97)

STATE OF MARYLAND CERTIFICATE OF DEATH

near of	Registration Dist. No. 66
Village or City Redgeley (No. 2FULL NAME Colina Con	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Rendle While OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Yesr)
6 DATE OF BIRTH Dec. wik., 184 (Month) (Day) (Year)	that I last saw h allvo on 1934.
7 AGE If LESS than I dayhrs.	and that death occured on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Grandsulf	(Duration) 7 yrs. mos. ds. Contributory Secondary (Duration) 4 yrs. mos. ds.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) M. D *State the Disease Causing Death, or, in desths from Violent Causes, state (1) Mesns of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or country)	ients or Recent Residents) At place In the of death
(Info:mant) Hers To THE BEST OF MY KNOWLEDGE (Address) Address To The Best OF MY KNOWLEDGE (Address) To The Best OF MY	if not at place of death? Former er usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDANTAKER ADDRESS

If more blanks are needed, addrosa State Registrar, 1 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write Nonc. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Salesman, (b) Growery

Stritement of Cause of Death—Name, first, the DIS-CASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilaria (avoid use of "Croup"); "yphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> as fracture of skull, and consequences (c. g., sepais, telunus) may be stated under the head of "contributory." "Inanition," "Heart I stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. " Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Careinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) carbolic acid-probably suncide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Aecidental drowning; Struck by railway train or as probably such, if impossible to determine definitely Chronic interstitial nephritis, (Recommendations on statement of cause of "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY "" "Weakness," etc., when a definite disease cough; or intercurrent) affection need not be Chronic " "Old Age, " "Shock," " "Coma," "Convulsions, valvular heart disease, etc. The contributory death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A. I the data is essential and must be obtained before the cartificate in permanently filed.

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 10050
1. PLACE OF DEATH	23
County Tear vive	Registration Dist. No. 66
Village or City Reducter	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
J E A.D.	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Clear Carl Star	ou:
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
or DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(ar) Wife of Helen Lauril Flamer Brown	22. HEREBY CERTIFY, That I attended deceased from
CONTRACTOR DIOTION	1 last saw h_/M_ alive on Oct / 4 193 A; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
\(\frac{1}{2} \) \(\frac{1} \) \(\frac{1} \) \(\frac{1}{2} \) \(\frac{1}{2} \)	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Pulmonary Superculoses 1934:
Month work was done, as SILK MtLL,	
SAW MILL, BANK, etc	***************************************
O 10. Date deceased last worked at this occupation (month and year) year) occupation coupation.	
12. BIRTHPLACE (city or town) Neidaller	Other Coutributory Causes of importance:
(State or country)	<i>f</i>
13. NAME GLOVES - Brokers	
14. BIRTHPLACE (city or town) / Yills bare	Name of operation
(State of Country)	(What test confirmed diagnosis? Spantum) Was there an autopsy? 200
15. MAIDEN NAME Quil fackson. 16. BIRTHPLACE (city or town) Lillsbord (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Lillsbord	Accident, suicide, or homicide? Date of injury, 19
E (State or country) Zualyland	Where did injury occur?
17. INFORMANT Slorge Bround Frathe	(Specify city or town, county and State)
(Address) 18. BURIAL, OFEMATION, OR REMOVAL	
Date Oct 18 19 3	Manner of Injury
1 10 3/ 10 7	Nature of Injury
19. UNDERTAKER (Address)	24. Was disease or injury In any way related to occupation of deceased?
Dal-11	(Signed) M. D.
20. FILE CA 6, 193 4 Towns a Registrar.	(Address) Tuhaelis mik
If hore blanks are needed, address State Registrar,	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915		1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
Mau 1 1993	Other contributory causes of importance:	1 year
	1921	1921 Run over by street car uly5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

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of OCCUPA.

Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH			(75)			_
County Caraca		<u></u>		Registration D	ist. No.	2
Village or City	Jesth occurred		NO. death occurred in a hospital or institu ds. How long in U.S. if o			d number)
1/				r lottigii bittii:		.11103
2. FULL NAME (a) Residence: No.	(Usual place of	Marie	St., Ward.	If nonresident of	ive city or town a	and State
PERSONAL AND STATISTI			MEDICAL C	ERTIFICATE		
3. SEX 4. COLOR OR RACE	5. SINGLE, MARR		21. DATE OF DEATH	Gil	617	
wale while		(write the word)		(Oct (Month)	Z8 (Day)	, 193 //(Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY	CERTIFY	. That I attend	ed deceased from
(0) 11112 01				, 19, to		, 19
6. DATE OF BIRTH (month, day, and year)	ov. 30	\$ 1899	I last saw h alive on	atait 3	, 19	; death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date state	d above, at 3	m.	
34 11	28	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEAT were as follows:	H and related causes	of importance	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	8. Trade, profession, or particular kind of work done, as SPINNER.			theline	4	Date of onset
Industry or husiness In which						
work was done, as SILK MILL, SAW MILL, BANK, etc	1					
10-Date deceased last worked at this occupation (month and year)	11. Total tim spent	ne (years) In this ation				
12. BIRTHPLACE (city or town) Burn (State or country)	svell		Other Coutributory Causes of Impo	rtance:		
13. NAME Solue 7	Gerrin	A				
14. BIRTHPLACE (city or town). Bue	esville	- Eud.	Name of operation		Date of	
(State of conutry)			What test confirmed diagnosis?		Was there a	n autopsy?
15. MAIDEN NAME Liceis 16. BIRTHPLACE (city or town)	- Eall	2ius	23. If death was due to external cau	ises (VIOLENCE) fill	in also the follow	ing:
[16. BIRTHPLACE (city or town)			Accident, suicide, or homicide?	Da	ate of injury	, 19
17. INFORMANT LINE Volen Ferries (En			Where did Injury occur?		itate) PLACE.	
(Address)	eclar	Lud.				
18. BURIAL, CREMATION, OR REMOVAL	1. Date Got	31 19.5 4	Manner of injury			
19. UNDERTAKER 9-21.	entre	THES	24. Was disease of injury in any w		ion of deceased?	no
20. FILED 10/01 , 1934 Im	40 year	Pegistrar.	(Signed) Muleur	Contra	who s	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
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July5,1927	Perilonilis	3 days ago
2	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Perilonitis Other contributory causes of importance:

STATE O	F MARYL	AND-C	ERTIFI	CATE	OF	DEATH

What test confirmed diagnosis? 11DJCa Was there an autopsy? 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. UNDERTAKER	1. PLACE OF DEATH		46)	
Village or City Solds 10 CO. R. S. Ward Length of residence in city or town where death occurred 3 yrs mos. ds. How long in U.S. If of foreign birth? yrs mos. ds. 2. FULL NAME. M. S. C. S. M. S. S. How long in U.S. If of foreign birth? yrs mos. ds. 2. FULL NAME. M. S. C. S. M. S. S. How long in U.S. If of foreign birth? yrs mos. ds. 2. FULL NAME. M. S. C. S. M. S. S. How long in U.S. If of foreign birth? yrs mos. ds. 3. SEX	County Caroline		Registration Dist. No. 4	
2. FULL NAME AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR BUYORCE OR BUYOR			No. St.,St.,St.	number)
(a) Residence: No. Sold & Store Mail F. St. Ward. Columbiance of abode) C	000 -1	death occurredyrsmo	sgs. now long in 0.5. If of foreign bittiffyrsn	10503.
Clustiplec of abode PERSONAL AND STATISTICAL PARTICULARS 3.5EX	0 0	0 444 0 - 5		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX C	(a) Residence: No. 30% d.9	(Usual place of abode)		d State
Termake White OR DIVORCED (write the word) 193 Harried, widowed, or divorced (Worth) 193 Harried, widowed, or divorced (Worth) 193 Harried, widowed, or divorced (Worth) 194 Harried, widowed, or divorced (Worth) 195 Harried, widowed, or divorced (Worth) 195 Harried, widowed, or divorced (Worth) 195 Harried, widowed, or divorced (Worth) 196 Harried, widowed, or divorced (Worth) 197 Harried, widowed, or divorced (Worth) 198 Harried, widowed, or divorced (Worth) 198 Harried, widowed, or divorced (Worth) 199 Harried, widowed, or detailed above, at. 8. —	PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
5. If married, widowed, or divorced HUSBADO of Corp. Wife	^	OR DIVORCED (write the word)	Vet 2979	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,	HUSBAND of	A	22. I HEREBY CERTIFY, That I attended	I deceased from
TACE Years Months Days If LESS than I day,	E DATE OF BIPTH (month day and west)	ot 30" 1876		
8. Trade profession, or particular kind of work dome, as SPINNER, Adversed by the Seas SPINNER, SOMMERSER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Diet decessed last worked at this occupation, (month and 93 H) fl. Total time (years) spant in this occupation, (month and 93 H) occupation. 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. CREMATION, OR REMOVAL (Address) 19. UNDERTAKER 20. FILED 20. FILED 20. Signed) 21. Total time (Years) 22. FILED 21. OR REMOVED 22. FILED 23. CREMATION OR REMOVAL (Address) 24. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? 25. CREMATION OR REMOVED 26. CREMATION OR REMOVED 27. CREMATION OR REMOVED 28. CREMATION OR REMOVED	or DATE OF BIRTH (month, day, and year)	Days If LESS than 1 day,hrs	to have occurred on the date stated above, at 8-9-m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
Name of operation. Name o	8. Trade, profession, or particular			Date of onset
Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER 19. TY AMPLICATION 19	9. Industry or business in which work was done, as SILK MILL.		Carcinoma of intestine	(3)
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed)	- I this occupation (motion and	f1. Total time (years) spant in this occupation		
14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (State or country) 10. Name of operation (Name of operation (Specify city or town, county and State) (Specify city or town, county and State)		nada.	Other Contributory Causes of Importance:	
14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Date of (Specify city or town, country and State) (Specify city or town, country and State) Manner of injury 19. UNDERTAKER (Address) 10. Date of Was there an autopsy? What test confirmed diagnosis? (IDLO A. Was there an autopsy? No action, suicide, or homicide? Obtaining: Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed)	13. NAME Quans	et Hinz.		
(Specify city or town, county and State) 17. INFORMANT August M. Trase, (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Lederals burg, Md. Date 10 11, 1934 19. UNDERTAKER S. T. Tram torn & Son, (Address) 19. UNDERTAKER S. T. Tram torn & Son, (Address) 19. UNDERTAKER S. T. Tram torn & Son, (Address) 19. UNDERTAKER S. T. Tram torn & Son, (Address) 19. UNDERTAKER S. T. Tram torn & Son, (Address) 19. UNDERTAKER S. T. Tram torn & Son, (Address) 19. UNDERTAKER S. T. Tram torn & Son, (Address) 19. UNDERTAKER S. T. Tram torn & Son, (Address) 19. UNDERTAKER S. T. Tram torn & Son, (Address) 19. UNDERTAKER S. T. Tram torn & Son, (Address) 19. UNDERTAKER S. T. Tram torn & Son, (Address) 19. UNDERTAKER S. T. Tram torn & Son, (Address) 19. UNDERTAKER S. T. Tram torn & Son, (Address) 19. UNDERTAKER S. T. Tram torn & Son, (Address) 20. FILED OCT 30, 1934 L. Man P. M. D. (Signed)	f4. BIRTHPLACE (city or town)	ermany.	$OI \cdot I$	
(Specify city or town, county and State) 17. INFORMANT August M. Frase, (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Lederal Sturg Md. Date 10 7. 1934 19. UNDERTAKER 5. T. Fram Storn & Son; (Address) 19. UNDERTAKER 5. T. Fram Storn & Son; (Address) 19. UNDERTAKER 5. T. Fram Storn & Son; (Address) 19. UNDERTAKER 5. T. Fram Storn & Son; (Address) 19. UNDERTAKER 5. T. Fram Storn & Son; (Address) 19. UNDERTAKER 5. T. Fram Storn & Son; (Address) 19. UNDERTAKER 5. T. Fram Storn & Son; (Address) 19. UNDERTAKER 5. T. Fram Storn & Son; (Address) 19. UNDERTAKER 5. T. Fram Storn & Son; (Address) 19. UNDERTAKER 5. T. Fram Storn & Son; (Address) 19. UNDERTAKER 5. T. Fram Storn & Son; (Signed) 19. UNDERTAKER 5. T. Fram Storn & Son; (Signed) 19. UNDERTAKER 5. T. Fram Storn & Son; (Signed)	15. MAIDEN NAME Sugan	na Migger	23. If death was due to external causes (VIOL ENCE) fill in also the following	g:
(Specify city or town, county and State) 17. INFORMANT August M. Frase, (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Lederal Sturg Md. Date 10 7. 1934 19. UNDERTAKER 5. T. Fram Storn & Son; (Address) 19. UNDERTAKER 5. T. Fram Storn & Son; (Address) 19. UNDERTAKER 5. T. Fram Storn & Son; (Address) 19. UNDERTAKER 5. T. Fram Storn & Son; (Address) 19. UNDERTAKER 5. T. Fram Storn & Son; (Address) 19. UNDERTAKER 5. T. Fram Storn & Son; (Address) 19. UNDERTAKER 5. T. Fram Storn & Son; (Address) 19. UNDERTAKER 5. T. Fram Storn & Son; (Address) 19. UNDERTAKER 5. T. Fram Storn & Son; (Address) 19. UNDERTAKER 5. T. Fram Storn & Son; (Address) 19. UNDERTAKER 5. T. Fram Storn & Son; (Signed) 19. UNDERTAKER 5. T. Fram Storn & Son; (Signed) 19. UNDERTAKER 5. T. Fram Storn & Son; (Signed)	16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of Injury	, 19
Place Tederale Burg. Md. Date 10 7. 1934 19. UNDERTAKER 5. T. Tram Storn & Son; (Address) Tederale Burg Md. 24. Was disease or injury in any way related to occupation of deceased? In O. (Signed) has less M. M. D. (Signed) has less M. M. D. Mainer of injury Nature of Injury (Signed) has less M. M. D. M	17. INFORMANT August	M. Frase	(Specify city or town, county and Sta	ale) LACE.
(Address) Foderals General Md If so, specify harles M. Signed) harles M. Signed) harles M. Signed) Market M. M. D.	18. BURIAL, CREMATION, OR REMOVAL Place Tederal & Burg. M	1d Date Nov. 1", 1934	-	
20. FILED V.C., S.C., 1934 A			If so, specify	ho
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.	7	mad Py Registrar.	(Address) ARRICADO. M	d, M. D.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

HYSI-	Exact	
Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly ciassified. Exact	statement of OCCUPATION is very important. See instructions on back of certificate.
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PLACE OF DEATH STATE OF MARYLA CERTIFICATE OF DEATH (97) County Carali Registration Dist. No. St.: Ward) (If death occurred in a hospital er institution, give its NAME inexauder jusco stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE. 3 SEX 4 COLOR OR RACE 5 16 DATE OF DEATH MARRIED. WIDOWED WARR OR DIVORCED Write the word) I HEREBY CERTIFY, That I attended the dece-6 DATE OF BIRTH (Month) (Day) (Year) and that deeth occurse on the date stated above, at. HILESS than 7 AGE I day hrs. The CAUSE OF DEATH * was as follows: (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country 10 NAME OF 11 BIRTHPLACE ENTS OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether (State or countr Accidental, Suicidal or Homleidal. œ 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 ients or Recent Residents) 13 BIRTHPLACE At plece of death. In the OF MOTHER State.....yrs.....mos..... (State or country Where was disease contracted, if not at place of death? KNOWLEDGE 14 THE ABOVE IS TRUE Former er DATE OF BURIAL (Address)

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

O UNDERTAKER

ADDRESS

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more present relations, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Womshould be used only when necded. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health tired 6 yrs). en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g. Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Civil engineer. Physician, Compositor, Architect, household only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many Grocery;

Statement of Gause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"); obar pneumonia. Bronchopneumonia ("Pneumonia,")

> approved by Committee on Nomenclature of the "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease as fracture of skull, and consequences (e. g., sepses, telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, atie), "Atrophy," "Collapse," "Coma," "Convulsions," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), eurbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL. taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (secondary or Whooping (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-..... (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Never report mere symptoms or terminal condicough; intercurrent) affection Chronic etc. valvular heart disease; The contributory Sarcoma, need not be

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

statement

certificate.

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See instructions on back

TION is very important.

1. PLAC

2. FULL

3. SEX Fema.

5a. If married HUSBAN (or) WII

6. DATE OF

8. Trade

10. Date

13. NAM 14. BIRT

15. MAIL

16. BIRT

12. BIRTHPL (Stata

7. AGE

OCCUPATION

FATHER

MOTHER

STACE OF DEAT		F MARYL	AND-	CERTIFICATE OF DEATH 10054
County Ca	roline			Registration Dist. No. 6 H
Village or City F				No.
			()	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In cit	y or town where de	eath occurred 7.0	yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
TULL NAME	Martha	Angeline	McCrea	4
				St., Ward. If nonresident give city or town and State
PERSONAL AN	D STATISTI	CAL PARTICU	LARS	MEDICAL CERTIFICATE OF DEATH
	r or RACE	S. SINGLE, MARRIED OR DIVORCED (w	rice the word)	21. DATE OF DEATH Oct. 24th. , 193/4 (Month) (Day) (Year)
narried, widowed, or divoi USBAND of or) WIFE of		T. McCres	a, dec'	22. I HEREBY CERTIFY. That I attended deceased from
E OF BIRTH (month, day	, and year)	aug. 17th.	I843	I last saw h alive on
Years	Months	Days	If LESS, than	to have occurred on the data stated above, at NO.O.N.m.
91	2	1 7	day,hrs. rmin.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
Industry or business in work was done, as S	as SPINNER, PER, etc which SILK MILL,	House-wor	ck,	Termed Buch frums 1929
SAW MILL, BANK, e Date deceased last wor this occupation (mor yaar)	ked at oth and	11 Total time (this 1 4 fo	
THPLACE (city or town). (Stata or country)	Susse	ex Co. Del		Other Contributory Causes of importance:
. NAME A.	bert G.	Pennewi	11,	
BIRTHPLACE (city or to (Stata or country)	wn)Sus		el.	Name of operation Date of What test confirmed diagnosis? Was there an autopsy? Page 1
. MAIDEN NAME	Margai	ret Brown		23. If death was due to external causes (VIOLENCE) fill In also the following:
BIRTHPLACE (city or to (Stata or country)	0		_	Accident, sulcide, or homicida?
	nas b. N			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

17. INFORMA (Add 18. BURIAL, CREMATION, OR REMOVAL shurg, Md Date Oct. 26" 1934

19. UNDERTAKER Federalshurg (Address) Flores 24. Was diseasa or injury In any way related to occupation of deceased? If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Nature of Injury.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

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IRITE PLAINLY, WITH UNFADING INKTHIS IS A PERMANENT RECORD	item of information should be carefully supplied ACE should be stated EXACTLY, Should state CAUSE OF DEATH in plain terms so that it may be properly classifiement of OCCUPATION is very important. See instructions on back of certificate.
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4. S. No. 1

PHYSI-	PLACE OF DEATH County Cawling	STATE OF MARYLAND CERTIFICATE OF DEATH
ated EXACTLY, operly classified certificate.	Village of Peter Neston Med (No. R. F. D.) 2FULL NAME William Cymro	Registration Dist. No. O St.: Ward) St.: Ward) (If death eccurred is a hospital er institution, give Its NAME is steed of street an number.)
rope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ay be pi	Male White, Single, Married or Divorced (Write the word)	16 DATE OF DEATH October 19, 1934 (Month) (Day) (Year)
shou if m s on	(Month) (Day) (Year)	that I last sew have elive on Oct 18
supplied ACE terms so that ee instruction	7 AGE If LESS than I day hrs. ds. or min.	and that death occured on the date stated above, et 11.40 4 no. The CAUSE OF DEATH * was as follows; Mintend Sturms
Every item of information should be carefully su CIANS should state CAUSE OF DEATH in plain te statement of OCCUPATION is very important. See	(a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer). 9 BIRTHPLACE (State or country) Poridge Town, And. 10 NAME OF FATHER Charles Arreads. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mis Ida Hovere Weeds (Address) Preston, And, R. F. IS	Contributory Secondary (Durstion) (Durstion) (Signed) (Signed)
N. B.	Filed Vet, 19" 1934 5. 5. Frampton	20 UNDERTAKER 1. Frankton & Son, Federals burg
-	If more branks are needed, address State Registrar,	It W. Saratoga St., Balto. Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House. er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "pphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopncumonia (secondary) as fracture of skull, and consequences (e.g., sepsis, tetunus) may be stated under the head of "contributory." curbolic acid-probably suicide. The niture of the injury, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite discase tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-(secondary or intercurrent) Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory affection valvular heart Sarcoma,, need disease; not be etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate in permanently filed.

V. S. No. 1 ä ż

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STATE OF MARYLAND—CERTIFICATE OF I	DEATH
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1. PLACE OF D				(210-m)
CountyC	aroline			Registration Dist. No. 43
21.1-	Preston			No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME (a) Residence: I	Ju	les B.	Prag, Jr.	
PERSONAL	AND STATIST			If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	COLOR OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED. D (write the word) Cried	21. DATE OF DEATH Oct 28 , 193 4
5a. If married, widowed, o HUSBAND of (or) WIFE of	Jean Pra	g		22. I HEREBY CERTIFY, That I attended decessed from
9. Industry or busin work wes don SAW MILL, BA	Months 7 or particular done, as SPINNER, KKEEPER, etc	9.34 spe	If LESS than 1 day,hrs. ormin. nan nsurance Ime (years) nt in this 19 m	Commenuted fracture. Date of one of Brunderlying Spain Gratter factorists Carlott
(State or country)		ambridge rag	Md.	Instantaneous death.
13. NAME J. 14. BIRTHPLACE (cit) (State or coun	or town) S.		Island	Name of operation we Date of None What test confirmed diagnosis? Observation Was there an autopsy? W
15. MAIOEN NAME 16. BIRTHPLACE (city (State or cour	or town) Cam	Skinner bridge,	Md.	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? ACCIDENTIAL of injury OCL 28, 19, 34. Where did injury occur? Mar Harmony Kond to Benton
17. INFORMANT		e Elliot Cambri Cambri Cate Oct	ldge, Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Our State Acquirer Conditions Manner of injury Acquirer State Neture of injury Cooling Claim of the Lussius 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) M. D. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentéritis	1 year
			

DING	ANENT	CTLY	sified.	
BINI	PERM.	I EXA	rly clas	cate.
FOR	V SI	stated	prope	certific
ED	HIS	be	pe	Jo
SERVI	NK-T	plnods	it may	on back
RE	[6]	GE	that	suc
ARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTLY	CAUSE OF DEATH in plain terms, so that it may be properly classified.	TION is very important. See instructions on back of certificate.
•	WITH	efully s	in plain	ant. Se
	INLY,	be car	EATH	importa
	PDA	plnor	OF D	very
1	-WRITE	nation sl	CAUSE	rion is
V. S. No. 1	B.	1	-	-
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1. PLACE OF DEATH	95.6
county Caroline	Registration Dist. No. 66
Village or City Audy ely.	No. St., Ware f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Mary Rampmeyer (a) Residence: No. 1 Ruds ly 1 Md	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
B. SEX , 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED,	21. DATE OF DEATH
Final While OR DIVORCED ("write the word)	(Month) (Oay) (Year)
is. If metried, widowed, or divorced HUSBANO of Charles a. Rampmeyer.	1 HEREBY CERTIFY, That I ettended deceased from
5. DATE OF BIRTH (month, day, and year) Nov. 13. 1883	Plast saw h & Y alive on October 10, 1934; death is sel
AGE Years Months Days If LESS then	to heve occurred on the dete steted above, et G. L. G. Cm.
40 11 26 1 day,hrs.	ware as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Toute Themnatic fives Childhes
SAWYER, BOOKKEPER, etc. 9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked at inspection of the second of	Phennstu heart disease child
10. Dete deceased last worked at this occupation (month and any 1.12) and spent in this spent in this occupation.	Other Contributory Causes of importance:
(State or country) (State or country)	Edge a girl week of
13. NAME Frederick Kupp.	sochaententia 10-6-3
13. NAME Frederick Cup for 14. BIRTHPLACE (city or town). (State or country)	Nama of operation Market Data of Data of Market Dat
	What test confirmed diegnosis Classical full Was fiera an autopsy? NO.
15. MAIOEN NAME Sexual Symptosis. 16. BIRTHPLACE (city or town) (Stete or country)	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
7. INFORMANT Charles Q. Ramboney ex	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Designey med Date Det. 14, 1954	Menner of Injury
9. UNOERTAKER RU Al Raufungs. (Address) Liver phiro 2014	24. Was disease or injury in eny wey related to occupation of deceased? 20.5
10. FILEDOLI-12, 1934 Javalaria. Registrar.	(Signed) Trefer M. (Address) Milary M.

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Cerebral hemorrhage	July 5,1927	Peritonitis -	3 days ago
			7
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE (1 1 .			942	10000
County	Cawlin			Registration	Dist. No. 62
Village or		/		No. death occurred in a hospital or institution, give its NAN	
Length of re	esidence in city or town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?	ds.
2. FULL N	AME Carl	- 110	lieva		
(a) Reside	ence: No.	Declar (Usual place)	of abode)	SX., Ward.	nt give city or town and State
PERSO	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICAT	E OF DEATH
3. SEX	4. COLOR OR RACE		RIED, WIDOWED. (write the word)	21. DATE OF DEATH	20 , 193 (Day) (Year)
5a. If married, wide HUSBAND of (ar) WITE OF	100 -	Hyu	Schwo	22 HEREBY CERTIF	
6. DATE OF BIRTH	I (month, day, end year)	ush. 1	32 1878	I last saw ham alive on Dewin	25 1934; death is said
	ears Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the dete stated above, at 221. The PRINCIPAL CAUSE OF DEATH end related can were as follows:	
8. Trade, prof	fession, or particular	7) ~ _	were as ronows.	Date of enset
kind of SAWYE	work done, as SPINNER, R, BODKKEEPER, etc.	novny	elure	a oronan Mounter	ns Oct 193
9. Industry or	r business in which yes done, as SILK MILL, IILL, BANK, etc	Secrate	2n		
- 1110 000	ased lest worked at cupetion (month and 6-2		me (yeers) t in this pation		ar ·
12. BIRTHPLACE ((State or co		elieu	<u>.</u>	Other Contributary Causes of Importance:	
13. NAME	Jacko Si	liva	eg.		
13. NAME	EE (city or town)		d	Name of operation	Date of
(State	or country) Se	zugar		What test confirmed diagnosis?	Was there an autopsy?
15. MAIDEN N	AME Johanne	a Such	Elektelie	3. If-death was due to external causes (VIOL ENCE)	
O 16. BIRTHPLAC	CE (city or town)	epuu	an "	Accident, suicide, or homicide? Where did injury occur?	
17. INFDRMANT (Address)	Merriox	School	arts.	(Specify city occurred in INDUSTRY, in F	or town, county and State) HOME, or in PUBLIC PLACE.
18. BURIAL, CREM	TION, OR REMOVAL	Date Oct	: 28 19 34	Manner of Injury	
19. UNDERTAKER _ (Address)	J Wing	elte	2000	24. Was disease or injury In any wey related to occu	pation of doceased?
20. FILED 6 -	26,34 /200	10 /e	Registrar.	(Signed) Taus	lasto M. D

STATE OF MARYLAND-CERTIFICATE OF DEATH

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SCHOOL AS ST			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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7	Jo u	pino	220	1
<	iten	sh	Jo	
	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	ORD	IYS	sta	
	RECC	. PI	Exact	
5	LNI	LY	d.	
Z	ANE	CI	ssifie	
Z	RM.	XA	clas	
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ARGIN RESERVED FOR BINDING	IS A	state	prop	TION is very important. See instructions on back of certificate.
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곳 되	5	AGE	that	ons
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. No. 1	1	ına	C	T
4	8			

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	10059
1. PLACE OF DEATH			
County Cearaline		Registration Dist. N	0.62
Village or City Desch	Add	ND.	St Ward
Length of residence in city or town where death		death occurred in a hospital or institution, give its NAME insteadds. How long in U.S. if of foreign birth?yi	
2. FULL NAME Cartly	w/ Dwitte		
(a) Residence: No.	Veulan //	CLISt., Ward.	or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
male sep !	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (D	8 11 , 193 3 4 ay) (Year)
5a. If married, widowed, or divorced HUSBAND of (er) WIFE of	Swith	22. I HEREBY CERTIFY Tha	t I attended deceased from
6. DATE OF BIRTH (month, day, end year)	Jo 1895	i last saw harm alive on	19 death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date sleted above, atm.	
39	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Imp	
8. Trade, profession, or particular kind of work done, as SPINNER,	90	Distries	Date of onset
SAWYER, BDDKKEEPER, etc.	y tolor		
Industry or business in which work was done, as SILK MILL,	0		
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc SAWYER, BDDKKEEPER, etc SAWYER, BDDKKEEPER, etc 10. Date deceased last worked at this occupation (month end year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Alex (State or country)	ulan Ald	Dther Contributory Causes of importance:	
	ang ma		
14. BIRTHPLACE (city or town)	· · ·	Name of operation	Date of
(State of Country)	1 .4	Whet test confirmed diagnosis?	Vas there an eutopsy?
15. MAIDEN NAME TO 16. BIRTHPLACE (city or town)	Ducette	23. If deeth was due to external causes (VIDLENCE) fili in also	the following:
0 16. BIRTHPLACE (city or town)	elant	Accident, suicide, or homicide? Date of i	njury, 19
(Stete or country)	y lug-	Where did injury occur? (Specify city or town, or	ounty and State)
17. INFORMANT CREEKER O	Jelelan Mis	Specify whether injury occurred in INDUSTRY, in HOME, or i	n PUBLIC PLACE.
18. BURIAL, CHEMATION, OR REMOVAL	Cation 18	Manner of injury	*******************
Place Printy Typho De	tell 1, 19 3 9	Nature of injury	
19. UNDERTAKER & & Ecco	or and	24. Wes disease or injury in any way releted to occupation of	deceased? Emp
(Address)	9,	If so, specify	
10 18 31/2 11	Myense	(Signed) Olyllu Hamil	W.D.

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SUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	CIA	N
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V. S. No. 1 N. B.—V

STATE OF	MARYLAND-	-CERTIFICATE OF DEATH 10060
1. PLACE OF DEATH		
County Carale	el	Registration Dist. No. 62
Village or City Afrills	boso and	No. St., Ward [f death Accurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where dea		
2. FULL NAME (a) Residence: No.	Hamas	Ward.
(a) Residence. No.	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5.	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oct 21 st 193 3 4
5a. If married, widowed, or divorced HUSBAND of (or) THE OT 6. DATE OF BIRTH (month, day, and year)	the Racklin	(Month) (Day) (Year) 22. I HEREBY CERTIFY, That I attended deceased from January 187, to 7.2/11, 193 (death is sale)
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at. 4m.
60 /	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	armer.	wore as follows: Slovelular Merkitis Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. J. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	All and an an of the State State of a book of	July Caroline Decomply Sation
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent In this occupation	with Ratic it defining from
12. BIRTHPLACE (city or town)	usa	Other Contributory Causes of importance: Thyslatenskian since
	ly bo:	
13. NAME 14. BIRTHPLACE (city or town)	of the same	Name of operation Date of
(State of country)	serland.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Selectle	the Bleetwood	3. If death was due to external causas (VIOLENCE) fill In also the following:
15. MAIDEN NAME Selection 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Maryland	Where did injury occur?
17. INFORMANT From (Address)	Barkelin	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	· · · · · · · ·	Mennar of injury
Parlan I would	Date (CC) 23 79 34	Neture of Injury
19. UNDERTAKER	2 Euron	24. Wes diseese or injury in any way related to occupation of dacased?
20. FILED 10/23 , 1934 /m	VO Leng C Registrar.	(Signed) T. C. Munam M. E. (Address) Paillabora M. E.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE 1. PLACE OF DEATH		72:00
County Carafi	· ·	Registration Dist. No. 61
Village or City		No. St., War
2. FULL NAME (a) Residence: ND.	here death occurred yrs. mo	
PERSONAL AND STAT	ISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR, RACI	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oct. 19 (Month) (Day) (Yaar)
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of		22. 1 HEREBY CERTIFY. That I attended deceased fro
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 day,hrs	I last saw h. Line alive on Den 18 , 1934; death is sai to have occurred on the date stated abova, at 9 m.
kind of work done, as SPINNEI SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	Lymphatie Geerkaemia (")
12. Birthplace (city or town) (State or country)	200 Penastonia	Other Coutributory Causes of Importance:
13. NAME Slanley	9. Stramuhau	
13. NAME Cauley 14. BIRTHPLACE (city or town) (Stata or country)	ml.	Name of operation As we Date of Date of What test confirmed diagnosis flunds fab Was there an autopsy? Les
15. MAIDEN NAME Name	a Willobugly!	23. If death was due to extarnal causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Value 16. BIRTHPLACE (city or town)	and.	Accident, suicida, or homicide?
(State or country) 17. INFORMANT (Address)	Lleaving hom.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Placa	Date act 21 , 1934	Manner of injury
19. UNDERTAKER R.B.	awlungs.	24. Was disease or injury in anyway related to occupation of daceased? W
20. FILED Pal 21, 134	L. martherin	(Signed) hoo pop A to a Verfor M.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WRITE

8 3

S. No. 1.

, PHYSI-

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 60

No. 1.

Village STELL NAME SELLE M. Stube	St: Ward) St: Ward) a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Dutt Single, Marketed, Who werd	(Month) (Day) (Year) If HEREBY CERTIFY, That Lastended the deceased from
(Month) (Day) (Gar)	that I last saw hold alive on the date stated above, at 120 mm.
7 AGE If LESS thar dayhrs. dayhrs. or min. ?	The CAUSE OF DEATH : was as follows:
(a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer).	(Durstion)yrsmosda, Contributory Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER	(Signed)
OF FATHER (State of country) 12 MAIDEN NAME OF MODERS GLOVE OF MODERS GLOVE OF MODERS GLOVE OF MOTHER (State or country)	Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place In the Of death yrs mos da.
14 THE ABOVE IS TRUE TO THE PEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, if not at place of death? Former or usual residence
Filed of 1 34/92 add much	HOURAND CARLE J. 23 332

" more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto, Requestive V. S

(Approved by U. S. Census and American Public Health Association.)

worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planton tion applies to each and every person, irrespective of fulness of various parsuits can be known. The ques cupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer ployed, as At "chool or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseeu at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-(a) Foreman. (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; tired 5 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servaul, Cook to report specifically the occupations of persons enwhatever, write None. Housemuid, etc. If the occupation has been changed Statement of Occupation Precise statement of oc etc., For many occupations a single word or term on without more precise specification as Day The material

EASE CAU: ING DEATH (the primary affection with respect to time and causation), using always the same necepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (pever report "Typhoid pneumonia,"):

niges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as conditions, such as "Astheuia," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopncumonia stated unless important. Example: Measles (disease Chronic interstitial nephrilis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menquences (e. g., sepsis, tetanus) may be stated under the State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all rhage," "Inaultion." "Marasmus," "Old Age," "Shock," vulsions," symptomatic), "Atrophy," "Collapse," (secondary or intercurrent) affection need uot be Whooping cough; Chronic valvular heart discase; ment of cause of death approved by Committee on head of "contributory." ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "Puerperal sopticaemia," "Puerperal peritonitis," etc. "Uraemia." "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." "Haemor-Nomenclature of the American Medical Association. FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Cougenital," "Senile," etc.), (Recommendations on state "Auaemia" "Coma," "Con-The na-(secoud-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	(a) Residenc	e: No	(Usual place	of abode)	St., Ward.
	PERSON	AL AND STATIST	ICAL PART	ICULARS	MEDICA
3. S	ex email	4. COLOR OR RACE Black		RRIED, WIDOWED,	21. DATE OF DEA
5a.	If married, widowe HUSBAND of (or) WIFE of	d, or divorced			22. FO/ I HER
5. I	DATE OF BIRTH (n	nonth, day, end yeer)	arch 24	1918	I lest sew h A alive
_	AGE Years		Days 2	If LESS then 1 dey,hrs. ormin.	to heve occurred on the det The PRINCIPAL CAUSE OF
S	kind of wo	ion, or perticuler ork done, as SPINNER, BOOKKEEPER, etc	School		Josh
OCCUPATION	10. Dete deceesed	done, es SILK MILL, , BANK, etc	. I spe	time (years) ent in this upetion	Other Contributory Couses
12.	(State or count				Inless Per
FATHE	14. BIRTHPLACE (State or c	(aity or town)	Md,		Nama of operation
MOTHER	15. MAIDEN NAM 16. BIRTHPLACE ((Stata or c	(city or town)	dibbs		23. If deeth wes due to axter Accident, suicide, or homici Where did Injury occur?
	(Address)	James Thoma Marydell.			Specify whether injury occu
18.	Place Mt	on, or removal Zion. Cem	t Date Oct	t. 21 _{,19} 34	Menner of Injury
19.	UNDERTAKER R (Address)	.B.Rawling		ida.	24. Was diseese or Injury In
20.	FILED OF	13 4, Oc	Imi	Registrar.	(Signed)(Address)

1. PLACE OF DEATH County Caroline

Village or City Marydell.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. N	10. 60	
Noath occurred in a horpital or institution, give its NAME insteads. How long in U.S. if of foreign birth?		
St., Ward. If nonresident give cit	y or town and	State
MEDICAL CERTIFICATE OF	DEATH	
1. DATE OF DEATH		
(Month)	Day)	(Yeer)
I lest sew has alive on for the heve occurred on the dete steted above, at for the heve occurred on the dete steted above, at for the heve occurred on the dete steted above, at for the heve occurred on the dete steted above, at for the heve occurred on the dete steted above, at for the heve occurred on the determinant of the heve occurred on the).	eceased from
The PRINCIPAL CAUSE OF DEATH and related ceuses of Imwere es follows:	portance	Date of one of
Other Contributory Couses of Importence:	lsow	
Nama of operation	Dete of	
Whet test confirmed diagnosis?	Wes thera an eu	itopsy?
23. If deeth was due to axternal causes (VIOLENCE) fill in als	o the following:	1110000
Accident, suicide, or homicide? Dete of	injury	, 19
Where did Injury occur?		
(Specify city or town, Specify whether injury occurred In INDUSTRY, In HOME, or	ounty and State In PUBLIC PLA	CE.
Menner of Injury		
24. Was diseese or Injury In eny wey related to occupetion of	deceased?	
If so, specify Selver	,	
(Address) Saldo	nd iss	A.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes f importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
rteriosclerosis	1915	Attack of epilepsy	1 week ago
hronic interstitial nephritis	1921	Run over by street car	1 week ago
erebral hemorrhage	July 5,1927	Peritonitis	3 days ago
STREAM VIE		,	
ther contributory causes of importance:		Other contributory causes of importance:	
allstones	May 1,1923	Gastroenteritis	1 year
	11 49 2,1320	t t	

V. S. No. 1 B. of OCCUPA.

1. PLACE OF DEATH	TOUGS 10003
County Caroline	Registration Dist. No. 62
Village Dr City Leav Daulant Length of residence In city or town where death occurred yrs.	NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Herekiah Mis	hee
(a) Residence: Np. Zeke / Deutlace (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the wor	Deleger 8 37
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) 7. 185	22. I HEREBY CERTIFY. That I attended deceased from 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7. AGE Years Months Days If LESS the	
82 7 15 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or perticuler kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 1D. Date deceased lest worked et this occupation (month and year) 11. Totel time (years) spent in this occupation.	Date of onset Description due to Description of Description and 1921
12. BIRTHPLACE (city or town) Stelled by the Control (Stete or country) Language 13. NAME Cacaasta Vaislier	Dther Coutributory Canses of importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 17. INFORMANT 18. MAIDEN NAME 18. MAIDEN NAME 18. MAIDEN NAME 19. MAIDEN NAME 19. MAIDEN NAME 19. MAIDEN NAME 10. MAIDEN NAME 10. MAIDEN NAME 11. MAIDEN NAME 12. MAIDEN NAME 13. MAIDEN NAME 14. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 17. INFORMANT 18. MAIDEN NAME 18. MAIDEN NAME 19. MAIDEN NAME 19. MAIDEN NAME 19. MAIDEN NAME 10.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(Address) 18. BURIAL, CREMATION, OR REMOVAL PLANSMAN TOURS PLANSMAN TOURS PLANSMAN TOURS Dev Oct 21, 19	Manner of injury
19. UNDERFAKER (Address) 19 Destar 19	24. Was disease or injurying end way related to occupation of deceased? 200
20. FILED 18 4 197 4 Der Da Gelege	(Signed) M. D. (Address) Devitor M. D.

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state

plnods

OCCUPA-

Jo

1. PLACE OF DEATH

Length of rasidanca in city or town whera death occurred

If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH October 193
22. A HEREBY CERTIFY. That attanded decea
I last saw h/ Al) alive on 11 1 2 1 1934; dez
the have occurred on the date stated above, at 250 P-m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:
Cardin Ja, Cular. Ju
and Disease.
Other Contributory Causes of importance: AMIN (W. Laller, W. f.) Regulary faction.
askie (Rigling, 1611 m.
Name of operation Data of Data of What test confirmed diagnosis? You Cal Junder Was there an autopi
23. If death was dua to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homeida? Date of injury, Where did injury occur?
(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Manner of injury
24. Was disease or injury in eny way related to occupation of deceased?
(Signed) A Three Park

STATE OF MARYLAND-CERTIFICATE OF DEATH

That A attanded deceased from

Date of injury _____ 19

Date of onset

Registration Dist. No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. if of foreign birth?.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No., F.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	And I do
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

z

1. PLACE OF DEATH County. Co	STATE C	OF MARYLAND—	CERTIFICATE OF DEATH	0065
Village or City MAME instead of trees and number) Length of residence in city or town where death occurred. Yes and the World of the World or institution, give its NAME instead of trees and number) As Now long in U.S. If of foreign birth? Yes and S. 2. FULL NAME (a) Residence: No. Usual place of ableto? PERSONAL AND STATISTICAL PARTICULARS S. SEX 4. COLOR OR RACE SERVICE SWREED, WITOWED (With the World of Worked (or) WIFE of the World) 50. It inferrice, vidowed, or divorced ((a)) WIFE of the World of the Wo	1. PLACE OF DEATH		102/2/	0 0 0 1 7
Langth of residence in city or town where death occurred	County Caroli	ul	Registration Dist. No. 66	
Length of residence in city or town where death occurred yrs mos. ds. 2. FULL NAME Office and the state of the state of the word of the state of the word of the state of th	Village or City new Yor		No	Ward
(a) Residence: No. (Usual place of abdo) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE STROKE, MARKEED, WIDOWED, OR TOWNORCED (write the word) 5a. If married, widowed, or divouced HUSSAND of (Nonth) 7. ACE Yeers Months Days 1. LEST than 1. ACE Yeers Months 1. Town	length of residence in city or town where		death occurred in a hospital or institution, give its NAME instead of street and r	umber)
(a) Residence: No. (b) Charled et abole (c) Charle	014	1 11		lS0S.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE BARRIED, WIDOWED, OR DIVORCED (winic the word) 5. It this tried, widowed, or divorced (co) WIFE of 1 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LES than 1 day,	2. POLL NAME	June gomes		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OF RACE STRUCK, DEVELOWED, OR DIVORCED (write the word) 56. If Married, widowed, or divorced HUSBARD of (or) will E of 6. DATE OF DEATH 57. AGE Yeers Months Deys If LESS than 1 day,	(a) Residence: No.	(Usual place of abode)	St., Ward. If uonresident give city or town and	State
Se. If started, wildowed, or divorced HUSBAND of (Nonth) Se. If started, wildowed, or divorced HUSBAND of (Nonth) Fig. 1	PERSONAL AND STATIST	ICAL PARTICULARS		
HUSBAND of (or) WIFE of (or) WI	M W.	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	October 4	, 193
6. DATE OF BIRTH (month, day, and yeer) 7. AGE 8. AGE 8. ATHER, AGE 8. AGE 8. ATHER, AGE 9. AGUSTAN 10. AGUSTAN 10	HUSBAND of	2		decaased from
To AGE Yeers Months H LESS than I dey,hrs. or	6. DATE OF BIRTH (month, day, and year)	Mary 1 193		: death is said
8. Trede, protassion, or particular skind of work done, as SPINMER, SANYER, BDORKEPER, etc. 9. Industry or business in which work was done, est Sik Mill. 10. Date deceased last worked at this occupation (month end year) 11. Total tims (yeers) spent in this occupation (month end year) 12. BIRTHPLACE (city or town) (Stete or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CRESTIDN, OR REMOVAL Place Place Menner of Injury Neture of			1/ 1/2 - 1/2	,
S. Trede, profession, or particular wind of wisk done, as SPINER, SAWYER, BDOKKEPER, etc. S. MILL, BOKKEPER, etc. S. MILL, BLANK, etc. S. MILL, Etc. S. MILL, etc. Etc. S. MILL, etc. S. MILL, etc. S. MILL, etc. S. MILL, etc. Etc. S. MILL, etc. Etc. S. MILL, etc. S. MILL	#9			10.
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1934	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUPPAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year